

SNOHOMISH COUNTY DISTRICT COURT**REFERRAL REQUEST TO SNOHOMISH COUNTY MENTAL HEALTH COURT**

FAX TO: Cary Peterson- Mental Health Court Liaison
Email: cpeterson@bridgeways.org

Fax: (425) 513-0534
Phone: (425) 513-8213, ext 135

Note: Typically the attorney referring the case to Mental Health Court completes this Referral Request. When completed, this Referral Request along with a signed Release of Information is faxed to the Mental Health Court Liaison who reviews it for completeness and then refers this case to the Mental Health Court Team. The Mental Health Court team then screens the case for legal and clinical eligibility. To facilitate this process please contact the Mental Health Court Liaison by phone or email with any questions you have about your referral.

DATE: _____

Defense Attorney: _____ **Phone #:** _____

Defense Attorney Email: _____

Defendant Name: _____ **DOB:** _____

Custody Status: IN ☐ OUT ☐ **Defendant's Phone** _____

Defendant's Address _____

Case # (s): _____ **Charges:** _____

Next scheduled hearing date, time, & location: _____ **Hrg Type:** _____

Other open Cases: _____

Please provide the following information: (attach additional sheets as needed)

- ☐ SIGNED MHC Release of Information
- ☐ A copy of the Incident Report
- ☐ A copy of Defendant's Criminal History
- ☐ Prosecutor's Sentence Recommendation
- ☐ MH Axis I diagnosis _____
- ☐ MH treatment history _____

- ☐ Contact names and phone numbers for other information (case manager, doctors, etc.) _____

- ☐ Brief explanation as to reason for referral _____

